COUNTY COMPANY FOR SHIP	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP ht	tp://www.cox.com/residential/phone/lifeline.cox
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ibsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/C July 2013	MB Control No. 3060-0819
<010>	Study Area Code	409029			
<015>	Study Area Name	Cox Arkansas Telecom LLC			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com			
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(ect America Phase II
	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))				
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting (47 CFR § 54.313(e))		-		
<2017>	3rd year Broadband Service Certification				
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and			26
<2021>	Interim Progress Community Anchor Institutions	Name of A	ttached Document licting	Penuirad Information	

	ate Of Return Carrier Additional Documentation action Form		FCC Form 481 OMB Centrol No. 3050-0986/OMB Control No. 3060-081
20年			July 2013
<010>	Study Area Code	409029	
<015>	Study Area Name	Cox Arkansas Telecom LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4042699190 ext.	
MANUAL NAME OF THE OWNER, THE OWN	THE PARTY NAMED IN COMPANY OF THE PARTY OF T	iay.bradburyacox.com	CANAL PRODUCT OF SECONDARY CO. C.
CHECK	the boxes below to note compliance on its five year service quality plan (pursual CFR § 54.313(f)(2). I further certify that the	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac	그리 아이들은 사람이 아니는 아이를 내려왔다. 나는 아이들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람
			1
(3010)	Progress Report on 5 Year Plan		1
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	13	
		Name of Attached Document Listing Required Inform	nation
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attached Document Listing Required Information	20
(3013) (3014)	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	38
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)	(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(3016)	Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows	
(5015)	position(s) for balance chast, income statement and statement of our	1171010	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	~~
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunication	ons .
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		_
(3022)	Copy of their financial statement which has been subject to review by an		
0	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
/20245	public accountant		H
(3024)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	4
(-200)	The state of the s		
(3026)	Attach the worksheet listing required information		
			1
	1		
		Name of Attached Document Listing Required Information	

DEGERAL LAMBER	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Cox Arkansas Telecom LLC Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Joiava Philpott Title or position of Authorized Officer: Vice President, Regulatory Affairs Telephone number of Authorized Officer: 4042690983 ext. Study Area Code of Reporting Carrier: 409029 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

APRIL TO STATE OF THE STATE OF	tion - Agent / Carrier ection Form	FCC Form 481 QMB Control No. 3060-0986/QMB Control No. 3060-0819 3/1/7 2013
<010>	Study Area Code	409029
<015>	Study Area Name	Cox Arkansas Telecom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	iav.bradburv@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



Cox California Telcom, LLC

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		*	CC Form 481 MB Control No. 306 Ny 2013	0-0985/OMB Control No. 3060-0819
<010>	Study Area Code	549017			
<015>	Study Area Name	Cox California Tel	lcom LLC		
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.c	COM		
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached works	heet)	THE STATE OF THE S
<200>	Outage Reporting (voice)		(complete attached works	heet)	
<210>	THE WALLOW LODGE SERVICE STREET, THE PARTY OF THE PARTY O	outages to report			HIII
<300>	Unfulfilled Service Requests (voice)			1	
<310>	Detail on Attempts (voice)				HIIII
				(attach descriptive a	(ocument)
<320>	Unfulfilled Service Requests (broadband)			_	MILL
<330>	Detail on Attempts (broadband)				
				(attach descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)			J	
<410> <420>	Fixed Mobile				
<430>	Number of Complaints per 1,000 customers (broads	pand)			*****
<440>	Fixed				
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	ation)	
<510>			(attached descriptive d	ocument)	
<600>	Functionality in Emergency Situations		(check to indicate certific	ation)	
			(attached descriptive docu	ment)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached works	sheet)	
<710>	Company Price Offerings (broadband)		(complete attached works		
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?		(complete attached works if yes, complete attached works		THE STATE OF THE S
	Voice Services Rate Comparability		(check to indicate certific	orange)	
-1010-			(attach descriptive docur	mantl	******
<1010>			Total descriptive social	y	
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certific	cation)	
<1110>			(complete attached work		
<1200>	Price Can Carriers Proceed to Price Can Additional	Documentation Mod	(complete attached work	sheetj	WHITE A
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price Output Description:				
<2000>	messang nate of neturn currers affinited with Fi	ce cop cocar exchang	(check to indicate certificate	ation)	
<2005>	Pate of Return Carriers Drossed to DOD Additional	Documentation Mo-	(complete attached works	heet)	
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Wor	(check to Indicate certificate)	ation)	
<3005>			(complete attached works		THE PERSON NAMED IN

PRODUCTION WINDOWS	ervice Quality Improvement Reporting		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	549017	
<015>	Study Area Name	Cox California Telcom LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement		Name of Attached Document
<113> <114> <115> <116>	plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

	(200) Service Outage Reporting (Voice) Data Collection Form	
١	Data Collection Form	

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedure
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100 C 200 C 200 C	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

<a1></a1>	<82>	<a3></a3>	<b1> /</b1>	* <b2></b2>	 	 	<bs></bs> <bs></bs>	40 to
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fo
	 							1
								-
								

<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<a1></a1>	<a2></a2>	 	√ ₹b2>	* <c></c>	> <d1></d1>	<d2></d2>	<d3></d3>	<d4> 3</d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
		-						
	<u> </u>	+						
		-		-				

<010>	Study Area Code		549017					
<015>	Study Area Name		Cox California Telcom LLC					
<020>	Program Year		2015					
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury					
<035>	Contact Telephone Nur	mber - Number of person identified in data line <030>	4042699190 ext.					
<039>	Contact Email Address	- Email Address of person identified in data line <030>	jay.bradbury@cox.com					
<810>	Reporting Carrier	Cox California Telcom, LLC						
<811>	Holding Company	Cox Communications, Inc						
<812>	Operating Company	Cox California Telcom, LLC						

3>	Gal> 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<82>	<a> <a> <a> <a> <a> <a> <a> <a> <a> <a>
2	Affiliates	SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Co July 2013	introl No. 3060-0819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line		
<910>	Tribal Land(s) on which ETC Serves	Jay Leading years Com	
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select (Yes,No, NA)	
<921> <922> <923> <924> <925> <926> <927> <928> <928> <929>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay, bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.cox.com/residential/phone/lifeline.cox
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	ice Cap Carrier Additional Documentation			FCC Form 481	
点 學 经 为 数 点	ection Form			OMB Control No. 3060-0986/OMB Co	antrol No. 2000 0010
ATT SECURITY			AND A PARTY	July 2013	Unitro 140. 2000-0819
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	The state of the s	The second secon	July 2023	A THE REAL PROPERTY AND ADDRESS OF THE PARTY
<010>	Study Area Code	549017			
<015>	Study Area Name	Cox California Telcom LLC			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com			
mmonesaeralise					AN OLIVINIA WAS IN
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ameri	ica Phase I support, frozen High Cost suppo	rt, High Cost support to offset acc	cess charge reductions, and Connect Am	nerica Phase II
	support as set forth in 47 CFR § 54.313(b),(c),(d),(c)	e) the information reported on this form ar	nd in the documents attached bel	ow is accurate.	
	CONTRACTOR				
2222	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))				
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))				
	Poles Con Carrier Baselvine France Connect Contiferation (47 CER 5 E4 213/a))				
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification 2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
~2013>	2010 and luture Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting (47 CFR § 54.313(e))				
<2017>	3rd year Broadband Service Certification		 		
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification		<u> </u>		
<2020>	Please check the box to confirm that the attached document(s), on	line 2021, contains the required inform	ation		
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began provide	shall provide the number, names, and	4		
	preceding calendar year.	ing access to broadband service in the			
		1		1	
42074×	Interior Progress Community Anchor Institutions				
<2021>	Interim Progress Community Anchor Institutions	1			
				1	
		Nam	e of Attached Document Listing R	equired Information	

	te Of Return Carrier Additional Documentation	FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name Program Year	Cox California Telcom LLC
<030>	Contact Name - Person USAC should contact regarding this data	2015 Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jav.bradburv@cox.com
CHECK to		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 4 he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line 5 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address and address to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	37 - 38-38-38
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	(A)
(3021)	Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	performed the company's financial audit.
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
(3022)	Borrowers, Underlying information subjected to a review by an independent certified	
(3023)	public accountant	
(3024) (3025)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Company of the Company of	ash Flows
(3026)	Attach the worksheet listing required information	

120 MARCH 12 (1989)	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Cox California Telcom LLC Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Joiava Philpott Title or position of Authorized Officer: Vice President, Regulatory Affairs Telephone number of Authorized Officer: 4042690983 ext. Study Area Code of Reporting Carrier: 549017 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

VERY ASSESSMENT OF STREET	tion - Agent / Carrier Steel Communication - Agent / Carrier Steel Com	FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
<010>	Study Area Code	549017
<015>	Study Area Name	Cox California Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	ny responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized i data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipies	nts on Behalf of Reporting Carrier
[200] 25 [2] 20 [20 [20 [2] 10 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2] 20 [2	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informati	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Cox Connecticut Telcom, LLC

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060 July 2013	-0986/OMB Control No. 3060-0819
<010>	Study Area Code	139001			
<015>	Study Area Name	Cox Connecticut Tel	com, LLC		
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	m		
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached work	ksheet)	MILL
	Outage Reporting (voice)		(complete attached work	ksheet)	
<210>		outages to report			
<300>	Unfulfilled Service Requests (voice)			7	
<310>	Detail on Attempts (voice)				
				(attach descriptive d	ocument)
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)			(attoch descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420> <430>	Mobile Number of Complaints per 1,000 customers (broadt	pand)			
<440>	Fixed	jandy			
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certij	fication)	
<510>			(attached descriptive	e document)	
<600>	Functionality in Emergency Situations		(check to indicate certi)	fication)	
40002	Tunetionality in emergency attactions		Teneck to malcute teraj	ncauony	
			(attached descriptive do	cument)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached wo		
<710> <800>			(complete attached wo	107.0	-
	Tribal Land Offerings (Y/N)?	(if)	res, complete attached wo	5-200 P. C	
<1000>	Voice Services Rate Comparability		(check to indicate certi	fication)	
<1010>			(attach descriptive doc	cumentj	
<1100>	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate cert	ification)	
<1110>	Terms and Condition for Lifeline Customers		(complete attached wa		
-12003	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	(complete attached wo	nkaneetj	
	Including Rate-of-Return Carriers affiliated with Pri		v est consiste to the		
<2000> <2005>	9000	70 15	(check to indicate certif		
~2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached war sheet	ksneetj	
<3000>			(check to indicate certif		
<3005>			(complete attached wor	rksheet)	

(100) Service Quality Improvement Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	139001		
<015>	Study Area Name	Cox Connecticut Telcom, LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O		
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ine	Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<116>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			